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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTO	RNEY DOCKET NO.	CONFIRMATIO	N NO.
		FOR BODY FLUID TE	,			FE-096CON4	2999	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D		JE FEE	TOTAL FEE(S) DUE DATE D		
nonprovisional	NO	\$1400	\$300 \$0			\$1700	12/19/20	106
EXAMINER		ART UNIT	CLASS-SUBCLASS					
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Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. [KAGAN BINDER, PLLC]					
	ess an assignee is identi n in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON assignee oletion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (C	•• •			ocument has been	filed for
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5. Change in Entity Status (from status indicated above)					
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